

CONTRACT #12
RFS # 329.46-063

Department of Correction

**Lois M. Deberry Special
Needs Facility**

VENDOR:
**Guardian Healthcare
Providers, Inc.**



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION
3rd FLOOR RACHEL JACKSON BUILDING
320 SIXTH AVENUE NORTH
NASHVILLE, TENNESSEE 37243-0465

MEMORANDUM

TO: Leni Chick, Fiscal Review

FROM: Cathy Posey, Assistant Commissioner, Administrative Services
Department of Correction *CPosey*

DATE: January 26, 2007

SUBJECT: Amendments to Extend Three
Temporary Nursing Services Contracts

Enclosed are the amendments and the three contracts with staffing agencies for supplying temporary nurses at Lois M. Deberry Special Needs Facility. Each of these three contracts was derived from the same RFP which was issued in 2004. Each contract was for a three year period beginning on July 1, 2004 and ending on June 30, 2007. Each contract has two one-year renewal periods.

It is the intent of the Department of Correction to extend each of these three contracts for a one-year period which would end on June 30, 2008. The three proposed amendments for the contract extensions are included in this packet.

Based on previous emails, would you please advise if this needs to go before Fiscal Review. If so, would you advise us of the earliest date?

Thanks for your assistance.

RECEIVED

JAN 25 2007

FISCAL REVIEW

Leni Chick

From: Leni Chick
Sent: Friday, January 26, 2007 10:03 AM
To: 'Bryce Grissom'
Cc: Jim White; Krista Lee
Subject: RE: Contracts for Temporary Nurse Staffing at Deberry

Bryce:

We have looked at the documentation that you have provided on these 3 contracts and offer the following information:

Two of the three contracts would need to be presented to the Fiscal Review Committee at the next scheduled meeting. Those two are the amendments with Guardian HealthCare Providers and Milestone Staffing Services. These two amendments are extending the term of the original contract and increasing the maximum liability and would therefore need to be reviewed and commented on by FRC.

The third amendment with ATC Healthcare Services does not need to be presented at this time because the maximum liability of the original contract does not increase with this extension. This type of amendment is still being discussed with F&A to determine if FRC wants to continue to review this type of amendment in the future. At this time, ATC does not need to be presented; however, that is subject to change. I will let you know what decision the Committee makes as soon as possible.

Our next meeting is scheduled for February 12 @ 2:00 pm. Please let me know if you have further questions, Leni

-----Original Message-----

From: Bryce Grissom [mailto:Bryce.Grissom@state.tn.us]
Sent: Thursday, January 25, 2007 12:08 PM
To: Leni Chick
Subject: Contracts for Temporary Nurse Staffing at Deberry

Leni,

The Department of Correction has three contracts (all derived from the same RFP) with temporary staffing agencies (Guardian, ATC and Milestone) to provide temporary nurses to Deberry. The three year contract period will expire 6/30/2007 and we have the option in the contract to extend these for two one-year periods.

If I recall correctly from our seminar, Fiscal Review was wanting to review the amendment for the extension. Is this something we should send to Fiscal Review?

Thanks and please advise.

Bryce

**AMENDMENT THREE
TO CONTRACT FA-05-16072-00**

This CONTRACT, by and between the State of Tennessee, DEPARTMENT OF CORRECTION, hereinafter referred to as the State, and GUARDIAN HEALTHCARE PROVIDERS, INC., hereinafter referred to as the CONTRACTOR, is hereby amended as follows:

1. Delete Section B.1. in its entirety and insert the following in its place:

B.1. Contract Term. This Contract shall be effective for the period commencing on July 1, 2004 and ending June 30, 2008. The State shall have no obligation for services rendered by the Contractor which are not performed within the specified period.

Delete Section C.1. in its entirety and insert the following in its place.

- C.1. Maximum Liability. In no event shall the maximum liability of the State under this Contract exceed four million four hundred sixteen thousand dollars (\$4,416,000.00). The Payment Rates in Section C.3. shall constitute the entire compensation due the Contractor for the Service and all of the Contractor's obligations hereunder regardless of the difficulty, materials or equipment required. The Payment Rates include, but are not limited to, all applicable taxes, fees, overheads, profit, and all other direct and indirect costs incurred or to be incurred by the Contractor.

The Contractor is not entitled to be paid the maximum liability for any period under the Contract or any extensions of the Contract for work not requested by the State. The maximum liability represents available funds for payment to the Contractor and does not guarantee payment of any such funds to the Contractor under this Contract unless the State requests work and the Contractor performs said work. In which case, the Contractor shall be paid in accordance with Payment Rates detailed in Sections C.3. The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.

The other terms and conditions of this contract not amended hereby shall remain in full force and effect.

RECEIVED
JAN 25 2007
FISCAL REVIEW

IN WITNESS WHEREOF:

GUARDIAN HEALTHCARE PROVIDERS, INC.:

Joe A. Owen, President and CEO

DATE

PRINTED NAME AND TITLE OF CONTRACTOR/GRANTEE SIGNATORY

DEPARTMENT OF CORRECTION:

George M. Little, Commissioner

DATE

APPROVED:

DEPARTMENT OF FINANCE AND ADMINISTRATION:

M. D. GOETZ, JR., COMMISSIONER

DATE

COMPTROLLER OF THE TREASURY:

JOHN G. MORGAN, COMPTROLLER OF THE TREASURY

DATE

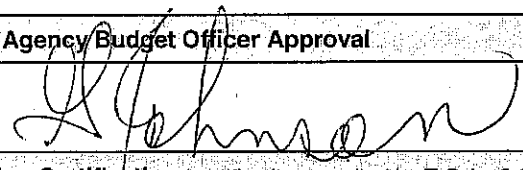
C O N T R A C T S U M M A R Y S H E E T

060706

RFS #	Contract #
329.46-063	— — —
State Agency	State Agency Division
Department of Correction	Lois M. Deberry Special Needs Facility
Contractor Name	Contractor ID # (FEIN or SSN)
Guardian Healthcare Providers, Inc.	<input type="checkbox"/> C- or <input checked="" type="checkbox"/> V- 621494290

Service Description			
Temporary Nursing Services			
Contract Begin Date	Contract End Date	SUBRECIPIENT or VENDOR?	CFDA #
7/1/2004	6/30/2008	Vendor	n/a

Mark Each TRUE Statement					
<input checked="" type="checkbox"/> Contractor is on STARS			<input checked="" type="checkbox"/> Contractor's Form W-9 is on file in Accounts		
Allotment Code	Cost Center	Object Code	Fund	Funding Grant Code	Funding Subgrant Code
329.46	31	084	11		
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2005	773,000.00				773,000.00
2006	1,175,000.00				1,175,000.00
2007	1,234,000.00				1,234,000.00
2008	1,234,000.00				1,234,000.00
TOTAL:	4,416,000.00				4,416,000.00

— COMPLETE FOR AMENDMENTS ONLY —			State Agency Fiscal Contact & Telephone #
FY	Base Contract & Prior Amendments	THIS Amendment ONLY	Garland Johnson 253-8096
2005	773,000.00		State Agency Budget Officer Approval
2006	1,175,000.00		
2007	1,234,000.00		
2008		1,234,000.00	
			Funding Certification (certification, required by T.C.A., § 9-4-5113, that there is a balance in the appropriation from which the obligated expenditure is required to be paid that is not otherwise encumbered to pay obligations previously incurred)
TOTAL:	3,182,000.00	1,234,000.00	
End Date:	6/30/2007	6/30/2008	

Contractor Ownership (complete only for base contracts with contract # prefix: FA or GR)				
<input type="checkbox"/> African American	<input type="checkbox"/> Person w/ Disability	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Small Business	<input type="checkbox"/> NOT minority/disadvantaged
<input type="checkbox"/> Asian	<input type="checkbox"/> Female	<input type="checkbox"/> Native American	<input type="checkbox"/> OTHER minority/disadvantaged—	
Contractor Selection Method (complete for ALL base contracts— N/A to amendments or delegated authorities)				
<input type="checkbox"/> RFP	<input type="checkbox"/> Competitive Negotiation	<input type="checkbox"/> Alternative Competitive Method		
<input type="checkbox"/> Non-Competitive Negotiation	<input type="checkbox"/> Negotiation w/ Government (e.g., ID, GG, GU)	<input type="checkbox"/> Other		
Procurement Process Summary (complete for selection by Alternative Method, Competitive Negotiation, Non-Competitive Negotiation, OR Other)				
n/a since this was obtained through an RFP				